



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
**Division of Public Health**

Application for a Permit to Sterilize/Sanitize **used** Bedding Products in or to Ship Sterilized/Sanitized **used** Bedding Products into Delaware in conformance with Delaware Code Title 16, Chapter 21.

**COMPLETE ENTIRE APPLICATION AND RETURN TO:**  
**ALL THE ITEMS MUST BE COMPLETED**

DIVISION OF PUBLIC HEALTH  
JESSE S. COOPER BUILDING  
P.O. BOX 637  
DOVER, DE 19903  
PHONE: 302-744-4546

1. BUSINESS NAME & MAILING ADDRESS: \_\_\_\_\_
2. LIST ALL BEDDING PRODUCTS STERILIZED/SANITIZED: \_\_\_\_\_
3. METHOD OF STERILIZATION/SANITIZATION: \_\_\_\_\_
4. HAVE YOU ATTACHED THE REQUIRED COPIES OF YOUR STERILIZATION/SANITIZATION TAGS? ☐ YES ☐ NO  
IF TAGS ARE NOT ATTACHED, PAPERWORK WILL BE RETURNED TO YOUR COMPANY
5. ADDRESS OF BUSINESS WHERE STERILIZATION/SANITIZATION TAKES PLACE: \_\_\_\_\_
6. DO YOU ALSO DISTRIBUTE AND/OR RETAIL NEW BEDDING PRODUCTS MANUFACTURED BY OTHERS?  
☐ YES ☐ NO
7. IF YOU ANSWERED YES TO ITEM 6, LIST THE BUSINESS NAMES AND ADDRESSES OF ALL SUPPLIERS OF NEW BEDDING PRODUCTS YOU DISTRIBUTE (USE ANOTHER SHEET IF NECESSARY):  
\_\_\_\_\_  
\_\_\_\_\_
8. HAVE YOU ENCLOSED A \$50.00 CHECK OR MONEY ORDER MADE PAYABLE TO THE DELAWARE DIVISION OF PUBLIC HEALTH? ☐ YES ☐ NO

\* Please be advised that each different Uniform Registry Number requires its own permit & \$50 permit fee.

**Designated Contact Person: PRINT ONLY (This section must be filled out or document will be returned.)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone No. & Extension No.: \_\_\_\_\_  
FAX Number: \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
**Applicant - Do not write below this line.**

APPLICATION: ☐ APPROVED ☐ DISAPPROVED

SIGNATURE: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

PAID STAMP:

DATE PERMIT ISSUED: \_\_\_\_\_

**REVISED 9/10/04**